

Manor Care of Bethesda, MD, LLC, * IN THE
*
Plaintiff, * CIRCUIT COURT
*
vs. * FOR
*
William Bevan, * MONTGOMERY COUNTY
*
Defendants. * Case No.: 482555-V

**CERTIFICATION OF CUSTODIAN OF RECORDS OR OTHER QUALIFIED INDIVIDUAL
(Md. Rule 5-902(b))**

I, Tosan T. Tutse-Tonwe, do hereby certify that:

(1) I am the Custodian of Records of or am otherwise qualified to administer the records for:

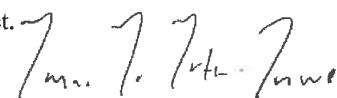
The Montgomery County of Maryland, Department of Social Services, an organization that maintains records.

(2) The attached records

- (a) are true and correct copies of records that were made at or near the time of the occurrence of the matters set forth by, or from the information transmitted by, a person with knowledge of these matters; and
- (b) were kept in the course of regularly conducted activity; and
- (c) were made and kept by the regularly conducted business activity as a regular practice.

I declare under penalty of perjury that the foregoing is true and correct.

September 24th, 2020
Date



Signature

Tosan T. Tutse-Tonwe

Printed Name

DHHS Records Manager

Title

CERTIFICATE OF SERVICE

I hereby certify that, on this 24th day of September, 2020, I mailed a copy of the Plaintiff's Affidavit of Authenticity, relating thereto and this Certificate of Service, postage prepaid first class mail, to the Defendant as follows:

Mr. William Bevan
6530 Democracy Blvd
Bethesda, MD 20817-9000

/S/

William M. Rudow, Esquire
CSF #: 198612010440
Rudow Law Group, LLC
502 Washington Avenue, Suite 730
Towson, MD 21204
(410) 542-6000
WilliamRudow@RudowLaw.com
Attorney for the Plaintiff
Manor Care of Bethesda MD, LLC

MARYLAND MEDICAL ASSISTANCE PROGRAM
NOTICE OF INELIGIBILITY DUE TO EXCESS RESOURCES

Re: William Bevan
 Name
IRN 439045902 E&E 200352791

CID

Date: 2/25/2020
 Current 12/2019
 Retro 9/19, 10/19, 11/19

Dear Mr. William Bevan 6530 Democracy Blvd Bethesda, MD 20817:

This is to notify you that, based on the application/redetermination filed on 12/24/2019, you are determined ineligible for Medical Assistance. You are not eligible because your resources exceed the maximum allowable amount of \$2,500.00 as of See Below. The amount of excess resources is \$ See Below.

You are:

denied Medical Assistance eligibility for William Bevan based on the application filed on 12/24/2019.
 terminated from Medical Assistance eligibility effective: _____

The following resources were considered:

Type of Resource	Amounts			
	Effective 12/1/2019	Effective 11/1/2019	Effective 10/1/2019	Effective 9/1/2019
Discover Bank #7849	\$ 1,288.10	\$ 1,286.19	\$ 1,284.12	\$ 1,282.07
Equity in 11229 Empire	48,333.00	48,333.00	48,333.00	48,333.00
Lane Rockville, MD				
Equity in 3415 Wenona	39,183.33	39,183.33	39,183.33	39,183.33
Laurel, MD				
The total amount of your countable resources is:	\$ 88,804.43	\$ 88,802.52	\$ 88,800.45	\$ 88,798.40
Less standard for one person	2,500.00	2,500.00	2,500.00	2,500.00
Excess Amount	\$ 86,304.43	\$ 86,302.52	\$ 86,300.45	\$ 86,298.40

You may reapply when your resources no longer exceed the maximum allowable amount as of the first day of the month. Your resources may be used for necessary personal or health care needs (e.g., burial plan, nursing facility or other medical bills, home repairs), but may not be given away or otherwise disposed for less than fair market value. When you reapply, you will be required to verify how the resources were used. Keep all receipts for this purpose.

This decision is based on COMAR 10.09.24.08. If you do not agree with this decision, you have the right to request a hearing within 90 days of the date on this notice. The procedures for requesting a hearing are attached. If you have any questions about this letter, please call your caseworker at the number below.

Sincerely,

Ms. Flagg
 Case Manager
Montgomery County
 Department of Social Services
 Telephone (301) 942-0669

cc: Case File
 Representative Mr. William Bevan
 Long Term Care Facility Manor Care-Bethesda

DHMH 4235 (LTC) - Revised 4/07

HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

What do I do if I think your decision is wrong?

- Call the telephone number on the other side of this notice to ask for a conference.
- Request a hearing by:
- Calling 1-800-332-6347 or the telephone number on the other side of this notice and requesting a hearing; or
- Visiting your local department office and requesting a hearing; or
- Mailing or giving a request for a hearing in writing to your local department office, or to
- the following address:

DHMH Docketing -- Unit A
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, Maryland 21031-1301

- If you don't want to fill out the form to request the hearing:
- Come to your local department office. We will help you.
- Call your case manager at the telephone number on this notice or call 1-800-332-6347.

How long do I have to request a hearing?

- You must ask for a hearing no later than 90 days after the date of this notice.

How long can I still get my benefits while I wait for my hearing?

- If you ask for a hearing no later than 10 days after the date of this notice and you were getting benefits, you can continue to get your benefits while you wait.

Will I owe any money if I get my benefits while I wait?

- If the judge agrees with us and you lose your appeal, you may have to pay back benefits. This might not be required if it is determined that your request for a hearing resulted from a bonafide belief that the department's decision was in error.

When and where will the hearing be?

- The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

Do I have to come to the hearing?

- Yes. You will lose if you do not come. If you can't come, tell the Office of Administrative Hearings and they will reschedule your hearing.

Can I bring someone to help me or speak for me?

- Yes. You can bring a lawyer, friend, or relative. If you want free legal help, call your local department or call Legal Aid at 1-800-999-8904. To see if you qualify for free legal representation, call the Maryland Volunteer Lawyer Services at 1-800-510-0050.

How can I prepare for the hearing?

- You can see your file, including your computer file, at your local department and talk with us about this decision. Please call the telephone number on the other page to make an appointment. We will send you our reasons for the decision that you are appealing, at least 6 days before your hearing.

Additional Information Attachment to DHMH 4235 Notice of Ineligibility Due to Excess Resources

Client Name: William Bevan

Notice Date: 2/25/2020

Client ID: IRN 439045902 E&E 200352791

If you would like to re-apply, we will still need the following information:

1. DHMH 257
2. Mortgage for properties in Rockville and Laurel.
3. Provide verification how the people located on the deed in Laurel is related.
4. Copy of either the marriage certificate or divorce decree.
5. Provide the Statement of Intent form and the Physician's Statement (4245 and 4255)
6. Provide bank statements that are not listed on the Asset Verification System.
7. Provide verification of all income and assets. If you are not receiving VA benefits, provide verification you have applied.
8. Copy of the most recent Medicare Card.

cc: Applicant/Representative

Case Record
Long Term Care Facility